

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Home Infusion Therapy Providers
Parenteral Nutrition Therapy
Providers
Managed Care Organizations

Memorandum No: 07-86
Issued: December 24, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Home Infusion Therapy/Parenteral Nutrition Program: Program Updates

Effective for dates of service on and after January 1, 2008, the Health and Recovery Services Administration (HRSA) will update the policy and procedure codes for the Home Infusion Therapy/Parenteral Nutrition Program.

Overview

Unless specifically identified in this memorandum, all policies previously published remain the same.

Added and Deleted HCPCS Codes

Effective for dates of service on and after January 1, 2008, HRSA has incorporated the HCPCS procedure code updates into the January 1, 2008 Home Infusion Therapy/Parenteral Nutrition Fee Schedule and Coverage Table.

Fee Schedule and Coverage Table

HRSA has updated the Home Infusion Therapy/Parenteral Nutrition Fee Schedule and Coverage Table to include the year 2008 HCPCS procedure code additions and deletions.

You may view HRSA's Home Infusion Therapy/Parenteral Nutrition Fee Schedule on-line at <http://maa.dshs.wa.gov/RBRVS/Index.html>.

Parenteral Nutrition Supplies

What has changed?

Effective for dates of service on and after January 1, 2008, HRSA will pay for the parenteral nutrition administration kit (procedure code B4224) in combination with the parenteral nutrition supply kit; home mix (procedure code B4222).

Effective for dates of service on and after January 1, 2008, HRSA will **not** pay for parenteral supply kit; premix (procedure code B4220) in combination with the parenteral nutrition supply kit; home mix (procedure code B4222).

Parenteral Nutrition Supplies				
<ul style="list-style-type: none"> Parenteral Nutrition Kits are considered “all-inclusive” items necessary to administer therapy. Reimbursement is limited to a one-month’s supply. 				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
B4220		Parenteral nutrition supply kit; premix,	N	Per day. 1 unit = 1 day. Not allowed in combination with B4222
B4222		Parenteral nutrition supply kit; home mix,	N	Per day. 1 unit = 1 day. Not allowed in combination with B4220
B4224		Parenteral nutrition administration kit, per day.	N	Per Day. 1 unit = 1 day. Not allowed in combination with B4222.

Effective for dates of service on and after January 1, 2008, HRSA requires prior authorization for the rental and purchase of insulin pumps for clients with Type II Diabetes.

Insulin Infusion Pumps*				
<ul style="list-style-type: none"> Covered for Type I Diabetes; Type II Diabetes requires prior authorization Modifier is required when billing 				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
E0784	NU	External ambulatory infusion pump, insulin, includes case.	N	1 per client, per 4 years. Purchase.
E0784	RR	External ambulatory infusion pump, insulin.	N	Rental per month. 1 unit = 1 month. Maximum of 12 months’ rental allowed.

Effective for dates of service on and after January 1, 2008, HRSA will pay for infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) (procedure code A4223). This includes supplies such as diluents, IV tubing, or administration sets, supplies and materials for compounding and/or administering of gravity bags or premix/commercial bags that run by gravity and not with an external pump.

Examples of therapies: Antibiotic therapies (e.g., vancomycin, tobramycin, and penicillin) are dispensed in gravity bags without the need for an external pump. Do not bill procedure code A4223 in combination with procedure code A4222.

Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
A4222		Supplies for external drug infusion pump, per cassette or bag (List drug(s) separately).	Y	<p>Procedure code A4222 includes the cassette or bag, diluting solutions, tubing, and other administration supplies, port cap changes, compounding charges and preparation charges.</p> <p>Not allowed in combination with procedure code A4223.</p>
A4223		Infusion supplies not used with external infusion pump, per cassette or bag (list drug(s) separately).	Y	<p>Procedure code A4223 includes supplies such as diluents, IV tubing or administration sets, supplies and materials for compounding and/or administering of gravity bags or premix/commercial bags that can be run by gravity and not with an external pump.</p> <p>Examples of therapies: Antibiotic therapies (e.g., vancomycin, tobramycin, and penicillin) that may be dispensed in gravity bags without the need for an external pump.</p> <p>Not allowed in combination with procedure code A4222.</p> <p>You must submit an invoice for payment.</p>

Billing Instructions Replacement Pages

Attached are replacement pages C.7-C.14 for HRSA's *Home Infusion Therapy/Parental Nutrition Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at:
<http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Home Infusion Therapy/Parenteral Nutrition Program

Infusion Therapy Equipment and Supplies (continued)				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
A4223		Infusion supplies not used with external infusion pump, per cassette or bag (list drug(s) separately).	Y	<p>Procedure code A4223 includes supplies such as diluents, IV tubing or administration sets, supplies and materials for compounding and/or administering of gravity bags or premix/commercial bags that can be run by gravity and not with an external pump.</p> <p>Examples of therapies: Antibiotic therapies (e.g., vancomycin, tobramycin, and penicillin) that may be dispensed in gravity bags without the need for an external pump.</p> <p>Not allowed in combination with procedure code A4222.</p> <p>You must submit an invoice for payment.</p>

Antiseptics & Germicides				
Reimbursement is limited to a one-month's supply.				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
A4245		Alcohol wipes, per box.	Y	1 box per client, per month. Not allowed in combination with A4244
A4246		Betadine or Phisohex solution, per pint.	Y	1 pint per client, per month. Not allowed in combination with A4247.
A4247		Betadine or iodine swabs/wipes, per box of 100.	Y	1 box per client, per month. Not allowed in combination with A42464
E1399		Disinfectant spray, 12 oz.	Y	1 per client, per 6 months. Must bill using EPA code 870000869. See page D.2 for expedited prior authorization instructions.
E0776-	NU	IV pole.	Y	Purchase.
E0776	RR	IV pole.	Y	Rental per month. 1 unit = 1 month

Infusion Pumps				
<ul style="list-style-type: none"> • Bill only one type of infusion pump code, per month. • HRSA does not reimburse for a rental and a purchase of the same item simultaneously per client. • Infusion pumps are considered purchased after 12 months' rental. • Rent-to-purchase infusion pumps must be new equipment at beginning of rental period. • Modifier is required when billing. • Purchase is limited to one pump, per client, per five years. 				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
E0779	NU	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.	N	Purchase.
E0779	RR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.	N	Rental per month.
E0780	NU	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.	N	Purchase.
E0781	NU	Ambulatory infusion pump, single or multiple channel, electric or battery operated, with administrative equipment, worn by patient.	N	Purchase.
E0781	RR	Ambulatory infusion pump, single or multiple channel, electric or battery operated, with administrative equipment, worn by patient.	N	Rental per month.
E0791	NU	Parenteral infusion pump, stationary, single or multi-channel.	N	Purchase.
E0791	RR	Parenteral infusion pump, stationary, single or multi-channel.	N	Rental per month.

Parenteral Nutrition Infusion Pumps				
<ul style="list-style-type: none"> • HRSA reimburses for only one type of parenteral nutrition pump, per month. • HRSA does not reimburse for a rental and a purchase of the same item simultaneously per client. • Rent-to-purchase parenteral pumps must be new equipment at beginning of rental period. • Parenteral Nutrition pumps are considered purchased after 12 months' rental. • Modifier is required when billing. • Purchase is limited to one pump, per client, per 5 years. 				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
B9004	NU	Parenteral nutrition infusion pump, portable.	N	Purchase.
B9004	RR	Parenteral nutrition infusion pump, portable.	N	Rental per month. 1 unit = 1 month.
B9006	NU	Parenteral nutrition infusion pump, stationary.	N	Purchase.
B9006	RR	Parenteral nutrition infusion pump, stationary.	N	Rental per month. 1 unit = 1 month

Parenteral Nutrition Solutions				
<p>When using half units of parenteral solutions, HRSA will reimburse for 1 unit every other day, otherwise allowed once per day. In the event an odd number of days of therapy are delivered, you may round the last day of therapy to the closest unit. (Example: If you are delivering 250 ml of 50% dextrose for 21 consecutive days, you may bill for 11 units of parenteral solution.)</p> <ul style="list-style-type: none"> • Reimbursement is limited to a one-month's supply. 				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
B4164		Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) home mix.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>
B4168		Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) home mix.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>
B4172		Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) – home mix.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>
B4176		Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) – home mix.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>

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Parenteral Nutrition Solution (continued)				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
B4178		Parenteral nutrition solution; amino acid greater than 8.5% (500 ml = 1 unit) - home mix.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>
B4180		Parenteral nutrition solution; carbohydrates (dextrose) greater than 50% (500 ml = 1 unit) = home mix.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>
B4185		Parenteral nutrition solution, per 10 grams, lipids	N	<i>Effective 01/01/06.</i>
B4189		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix.	N	
B4193		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix.	N	
B4197		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix.	N	

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Parenteral Nutrition Solution (continued)				
Procedure Code	Modifier	Description	NH Per Diem?	Policy/Comments
B4199		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein – premix.	N	
B4216		Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day.	N	<i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, and B5200.</i>
B5000		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – amirosyn RF, nephramine, renamine – premix.	N	
B5100		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – freamine HBC, hepatmine - premix.	N	
B5200		Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix.	N	

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Parenteral Nutrition Supplies				
<ul style="list-style-type: none"> Parenteral Nutrition Kits are considered “all-inclusive” items necessary to administer therapy. Reimbursement is limited to a one-month’s supply. 				
B4220		Parenteral nutrition supply kit; premix,	N	Per day. 1 unit = 1 day. <i>Not allowed in combination with B4222</i>
B4222		Parenteral nutrition supply kit; home mix,	N	Per day. 1 unit = 1 day. <i>Not allowed in combination with B4220</i>
B4224		Parenteral nutrition administration kit, per day.	N	Per day. 1 unit = 1 day. <i>Not allowed in combination with B4222.</i>

Insulin Infusion Pumps				
<ul style="list-style-type: none"> Covered for Type I Diabetes only. Type II Diabetes requires prior authorization. Modifier is required when billing 				
E0784	NU	External ambulatory infusion pump, insulin, includes case.	N	1 per client, per 4 years. Purchase.
E0784	RR	External ambulatory infusion pump, insulin.	N	Rental per month. 1 unit = 1 month. Maximum of 12 months’ rental allowed.

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Insulin Infusion Supplies				
• Reimbursement is limited to a one-month's supply.				
A4230		Infusion set for external insulin pump, non-needle cannula type.	N	2 boxes per client, per month. 1 unit = 1 box of 10.
A4231		Infusion set for external insulin pump, needle type.	N	2 boxes per client, per month. 1 unit = 1 box.
A4232		Syringe with needle for external insulin pump, sterile, 3 cc.	N	2 boxes per client, per 1 month. 1 unit = 1 box of 10.
K0601		Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt.	N	10 per client per 6 months.
K0602		Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt.	N	10 per client per 6 months.
K0603		Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt.	N	9 per client per 3 months.
K0604		Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt	N	
K0605		Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt	N	

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Miscellaneous Infusion Supplies				
• Reimbursement is limited to a one-month's supply.				
A4927		Gloves, nonsterile, per box of 100.	Y	1 unit = box of 100; Units exceeding 9 per month require prior authorization effective with dates of service on and after July 1, 2005.
A4930		Gloves, sterile, per pair.	Y	
E1399		Sharps disposal container for home use, up to 1 gallon size; each.	Y	Maximum of 2 allowed per client per month. Must bill using EPA code 870000855. See page D.2.
E1340		Repair or nonroutine service, for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.	N	Must submit invoice with claim.
E1399		Equipment repair, parts.	N	Must bill using EPA code 870000857. See page D.2. Must submit invoice with claim.
E1399		10 quart chemotherapy waste container.	Y	1 per client per week. Must bill using EPA code 870000858. See page D.2.
B9999		No other code for parenteral supplies.	N/A	Requires prior authorization. See Authorization instructions on next page.